NEIGHBOR NOTIFICATION FORM FOR APPLYING FOR BEEKEEPING PERMIT

In accordance with the City of Elkhorn Ordinance No. 12.05, I acknowledge that I have been notified of my neighbor’s intent to have bee hive(s) at their home. I understand that I have 15 days from the notification date as indicated by my signature and date on the Notification Form to submit a written objection to the City Clerk or request a hearing if I object to a beekeeping permit.

CITY CLERK
CITY OF ELKHORN
9 S. BROAD ST.
PO BOX 920
ELKHORN, WI 53121
(262)723-2219

Beekeeping Applicant: __________________________________________________________

Address for Potential Bee Hives: _____________________________________________

Date Information Provided: _________________________________________________

(Beekeeping Applicant must provide this completed form to each neighbor signing Notification Form)
Beekeeping Applicant: ___________________________________________________________

Address for Potential Bee Hives:___________________________________________________

NEIGHBOR NOTIFICATION FORM- SIGNATURE PAGE

NEIGHBORS PLEASE FILL OUT BELOW:

Name: _____________________________________________  Date: _____________________

Address: ____________________________________________ Phone: ____________________

☐ I have been provided with information regarding my neighbor’s application to keep bees
☐ Approve     ☐ Object     ☐ Household resident with demonstrable medical condition

SIGNATURE: ___________________________________________________________________

NEIGHBORS PLEASE FILL OUT BELOW:

Name: _____________________________________________  Date: _____________________

Address: ____________________________________________ Phone: ____________________

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SIGNATURE: ___________________________________________________________________

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SIGNATURE: ___________________________________________________________________